[] Yes [] No



name.

DECLARATION AND POWER OF ATTORNEY

(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

	PREVENTION (OF RECURRENT VIRAL DISEAS	SE
the specificat	ion of which is attached l	hereto and/or was filed on	as
Application N	lo	_•	
	I hereby state that I hav	re reviewed and understand the conte	ents of the above-
identified spe	cification, including the	claims, as amended by any amendme	ent referred to herein.
	I acknowledge the duty	to disclose information which is ma	terial to patentability
n accordance	with Title 37, Code of F	Sederal Regulations, Section 1.56.	
	I hereby claim foreign	priority benefits under Title 35, Unite	ed States Code,
Section 119(a)-(d), of any foreign appl	lication(s) for patent or inventor's cer	rtificate listed below
and have also	identified below any for	eign application for patent or invento	or's certificate having a
filing date be	fore that of the applicatio	n on which priority is claimed:	
	FOREIGN	PRIORITY APPLICATION(S)	
,			Priority Claimed [] Yes [] No
Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

(Day/month/year filed)

(Country)

(Number)



United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

PROVISIONAL PRIORITY PATENT APPLICATION(S)

60/249,387	November 16, 2000	Priority Claimed Yes [] No
(Application No.)	(Filing Date)	
		Priority Claimed [] Yes [] No
(Application No.)	(Filing Date)	
And I hereby ap	point the registered attorneys and agents	associated with
MORGAN, LEWIS & BOCK	KIUS, L.L.P., Customer No. 028977, as	my attorneys or agents
with full power of substitution	and revocation, to prosecute this applica	tion and to transact all
business in the Patent and Trad	lemark Office connected therewith.	
Address all corr	respondence to Customer No. 028977, n	amely, MORGAN,
LEWIS & BOCKIUS, L.L.P.	, 1701 Market Street, Philadelphia, Penn	sylvania 19103. Please
direct all communications and	telephone calls to Kathryn Doyle, Ph.D.,	J.D. at (215) 963-4723.
I hereby declare	that all statements made herein of my o	wn knowledge are true
and that all statements made on	n information and belief are believed to b	e true; and further that
these statements were made wi	th the knowledge that willful false stater	ments and the like so
made are punishable by fine or	imprisonment, or both, under Section 10	001 of Title 18 of the
United States Code and that such	ch willful false statements may jeopardiz	ze the validity of the
application or any patent issuin	ng thereon.	
Full name of sole inventor, if anyI	Laure Aurelian	
Inventor's Signature		
Date		
Residence Baltimore, MD		
Citizenship <u>United States</u>		
Post Office Address 3404 Ba	ancroft Road, Baltimore, MD 21215-310	05

inventor, if any <u>Tal</u>	kahiro Gyotoku	
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·
Date	·	
	an	
	1-26-23 Muromi Sawara-ku, Fukuoka, 814-0015, Japan	